

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03223

3250 CERTIFICATE OF DEATH

Reg. Dist. No. 258

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		MARYLAND COUNTY CHESTER		
CHESTER		LIFE		STREET ADDRESS		(If rural give location)		
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH				
MARY ELIZABETH BENTON				MARCH 8 1956				
5. SEX <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Nov. 2, 1855	9. AGE last birthday 100 yrs.	IF UNDER 1 YEAR Months Deys			
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE RET.				10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (State or foreign country) MARYLAND			
13. FATHER'S NAME SAMUEL W. JONES				14. MOTHER'S MAIDEN NAME Sarah A. Thompson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY NO. None	17. INFORMANT & ADDRESS Miss ANNIE BENTLEY, CHESTER, MD			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE (A) <i>Hypotension</i> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>Ch. Enteropeliosis</i> GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)								
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from.....								
alive on..... March 8, 1956 , and that death occurred at.....M, from the causes and on the date stated above.								
SIGNATURE <i>Thos E. Fung Jr.</i> M.D. ADDRESS (Street, city, town, state) <i>Stevenswood</i> DATE SIGNED <i>3/8/56</i>								
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>Mar. 10 1956</i>		NAME OF CEMETERY OR CEMETORY <i>Kingsley Church</i>		LOCATION (City, town, or county) <i>CHESTER MD.</i>		
24. REC'D BY REGISTRAR DATE <i>MAR 12 1956</i>		REGISTRAR'S SIGNATURE <i>Mrs. Ely. Fung Jr.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Thos Fung Jr. Funeral Eastern Md.</i>		ADDRESS		

WISCONSIN STATE DEPARTMENT OF HEALTH-SANITATION

STATE CERTIFICATE OF DEATH

DEATH CERTIFICATE

DEATH DATE

DEATH CERTIFICATION

DEATH DATE

BUREAU V. S.

MAR 10 1956

MAR 12 1956

REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3251

CERTIFICATE OF DEATH

Reg. Dist. No. 03224
251

1. PLACE OF DEATH a. COUNTY Queen Anne's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY Florida	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sudlersville		c. LENGTH OF STAY IN 1b 2 Yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Walraven Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Petersburg	
3. NAME OF DECEASED (Type or print) NANCY G. BLACKWELL		d. STREET ADDRESS	
4. DATE OF DEATH March 22		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 12, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) instructor		10b. KIND OF BUSINESS OR INDUSTRY Supervisor-Languages	
11. BIRTHPLACE (State or foreign country) Smithfield, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Richard Dunn Blackwell		14. MOTHER'S MAIDEN NAME Virginia Folk	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Mrs. Austin F. Roberts, Sudlersville, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.2 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-</u> lying cause last. (b) DUE TO (c) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Chronic Myocardiitis Primal cerebral Sclerosis	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) T. S. munity		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) W	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Aug</u> , 1954, to <u>March 22</u> , 1956, that I last saw the deceased alive on <u>March 21</u> , 1956, and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. <u>Edgar L. Lane</u> DATE SIGNED <u>March 23, 1956</u>			
ACTUAL SIGNATURE <u>C. H. Metcalfe</u>		PHYSICIAN'S NAME (Type) C. H. Metcalfe Sudlersville, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF March, 26/56	
22c. NAME OF CEMETERY OR CREMATORIUM Ivy Hill, Cemetery		22d. LOCATION (City, town, or county) Smithfield, Virginia	
23. FUNERAL DIRECTOR'S SIGNATURE Marvin V. Williams, Chestertown, Md.		24a. REC'D BY REGISTRAR DATE <u>Mar. 23</u>	
		24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE CHARTERED 1848

CERTIFICATE OF DEATH

WISCONSIN

BUREAU V. S.

MAR 27 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3252

CERTIFICATE OF DEATH

03225
251

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crumpton		c. LENGTH OF STAY IN 1b 6 Days	
d. NAME OF HOSPITAL (If not in hospital, give street address) 90 Mrs. Skinner's Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton	
3. NAME OF DECEASED (Type or print) Alfred		d. STREET ADDRESS	
4. DATE OF DEATH Mar. 13, 1956		Month Mar.	Day 13
5. SEX male		6. COLOR OR RACE white	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7, 1867	
9. AGE (In years lost birthday) 88 yrs.		10. IF UNDER 1 YEAR Months 0	
11. IF UNDER 24 HRS. Days 0		12. IF UNDER 24 HRS. Hours 0	
13. FATHER'S NAME Benjamin Davies		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT H. Morris Davies		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 581.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO Starvation.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Mar. 9, 1956</u> to <u>Mar. 13, 1956</u> , that I last saw the deceased alive on <u>Mar. 13, 1956</u> , and that death occurred at <u>2:30 P.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE L. P. Atwell		ADDRESS (Street, city or town, state) Still Pond, Maryland DATE SIGNED 3/13/56	
PHYSICIAN'S NAME (Type) L. P. Atwell, M.D.		22b. DATE THEREOF Mar. 16, 1956	
22c. NAME OF CEMETERY OR CREMATORIAL Burial		22d. LOCATION (City, town, or county) St. John's (Longgreen) Hyde - Balto. Co. Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE J. Willis Wells		24a. REC'D BY REGISTRAR ADDRESS Chestertown, Md. DATE 3/14	
		24b. REGISTRAR'S SIGNATURE Edgar L. Lane	

CERTIFICATE OF DEATH

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INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03226

3253 CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH

COUNTY **QUEEN ANNE'S**
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN **RURAL CENTREVILLE**
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

MARYLAND
 LENGTH OF STAY
 (in this place)
30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **Maryland** COUNTY **Queen Anne's**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **RURAL CENTREVILLE**
 STREET
 ADDRESS

3. NAME OF
 DECEASED
 (Type or Print)

(First) **Adolph** (Middle) **TRAUGUTT** (Last) **DOEHLER**

4. DATE (Month) (Day) (Year)
 OF DEATH **Mar. 4** **1956**

5. SEX

6. COLOR OR
 RACE **Male** **White**

10a. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 railroad) **FARMER**

10b. KIND OF BUSINESS
 OR INDUSTRY **CHICKEN FARM**

13. FATHER'S NAME

William Francis Doehtler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no, or unk.) **Yes** (If Yes, give war or dates of service) **WWI**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT & ADDRESS

Mrs. Irene Stett Dohler, Centreville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X IMMEDIATE CAUSE **(A)** **Decaying Atherosin Aorta**

ANTECEDENT CAUSE(S) DUE TO **(B)** **Arterio Sclerosis Aorta**

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST. **(C)**

INTERVAL BETWEEN
 ONSET AND DEATH

3 hour

years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

M. at work Not while at work

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 4, 1956**, to **March 4, 1956**, that I last saw the deceased
 alive on **March 4, 1956**, and that death occurred at **2:30 PM**, from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED

SIGNATURE
John L. Lofoten

23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

Burial

Mar. 4, 1956

Chesapeake Cemetery

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

DATE **3-6-56**

Elie Armstrong

Benton Bros.

John H. Benton Jr.

Centreville, Maryland

RECEIVED STATE DEPARTMENT OF GOVERNMENT-REGISTRATION

CERTIFICATE OF DATA

REGISTRATION

REGISTRATION

BUREAU V. S.

MAR 12 1956

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by our files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.



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BUREAU V. S.

APR 2 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04394

3255

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ind.</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <i>GEORGE</i> Middle <i>Washington</i> Last <i>Horney</i>		4. DATE OF DEATH Month <i>Mar.</i> Day <i>29</i> Year <i>1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.h.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>April 12-1870</i>
8. AGE (In years lost birthday) <i>85 yrs.</i>		9. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waterman</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ind.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Wm. Horney</i>	
14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Amos Horney</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i> Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) <i>myocardial insufficiency</i> (c) <i>Arteriosclerosis, general + cerebral</i>		INTERVAL BETWEEN ONSET AND DEATH <i>March 29, 56</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. g. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Ind.</i>
20f. (City or town) <i>Stevensville</i>	(County) <i>Md.</i>	(State) <i>Ind.</i>	
21. I certify that I attended the deceased from <i>March 20, 1956</i> , to <i>March 29, 1956</i> , that I last saw the deceased alive on <i>March 28, 1956</i> , and that death occurred at <i>4 A.M.</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>Stevensville, Md.</i>	
ACTUAL SIGNATURE <i>Theodor Sattelmayer</i>	PHYSICIAN'S NAME (Type) <i>Theodor SATTELMAYER</i>	DATE SIGNED <i>3/29/56</i>	
22d. BURIAL, CREMATION, REMOVAL (Specify) <i>Mar. 31</i>	22e. DATE THEREOF <i>Mar. 31</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Stevensville</i>	22d. LOCATION (City, town, or county) <i>Stevensville</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar L. Lane</i>		ADDRESS <i>Church Hill, Ind.</i>	24a. REC'D BY REGISTRAR DATE <i>April 6-26</i>
			24b. REGISTRAR'S SIGNATURE <i>Elyzabeth Kopter</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

ВІДВОДИТЬСЯ ВІД ВІДНОВЛЕННЯ ВІДНОВЛЕННЯ

APR 9 1956

APR 9 1956

DECEIVE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3256

CERTIFICATE OF DEATH

03228

Reg. Dist. No. 251

1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville		c. LENGTH OF STAY IN 1b RURAL	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville	
3. NAME OF DECEASED (Type or print) Shirley		First K.	Middle Hynson
4. DATE OF DEATH March 13	Month 1956	Day	Year
5. SEX Fem.	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 27, 1955
9. AGE (In years last birthday) 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME James Hynson	
14. MOTHER'S MAIDEN NAME Bertha May Denby		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT James Hynson--Centreville, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 087X		INTERVAL BETWEEN ONSET AND DEATH 3 day	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		Branchitis Pneumonia	
(b) DUE TO Chicken Pox		2 weeks	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>March 12 1956</u> , to <u>March 13 1956</u> , that I last saw the deceased alive on <u>March 12 1956</u> , and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE <u>C. R. Layton</u> M.D. DATE SIGNED <u>3-13-56</u>			
PHYSICIAN'S NAME (Type) <u>C. R. Layton</u>		22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
22b. DATE THEREOF Mar. 14		22c. NAME OF CEMETERY OR CREMATORIAL Roesville	
22d. LOCATION (City, town, or county) Near Centreville, Md.		22e. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u>		24a. REC'D BY REGISTRAR DATE <u>3-13</u>	
ADDRESS Church Hill, Md.		24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	

BUREAU V. S.

MAR 20 1956

RECEIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03229

3257

CERTIFICATE OF DEATH

Reg. Dist. No.

251

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>ND.</u>		b. COUNTY <u>KENT</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>POND TOWN</u>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>GOLTS</u>		d. STREET ADDRESS <u>14 x-2</u>		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>HANNAH</u>		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
5. SEX <u>F.</u>		6. COLOR OR RACE <u>COLORED</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE-25-1883</u>	9. AGE (In years last birthday) <u>72</u> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>		11. BIRTHPLACE (State or foreign country) <u>MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>JOSEPH MARTIN</u>		14. MOTHER'S MAIDEN NAME <u>HANNAH LEE</u>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>331X</u>		16. SOCIAL SECURITY NO. <u>222-20-0411</u>		17. INFORMANT <u>Mrs. Viola Comegys - Millington-MD.</u>		Address <u>Millington-MD.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>90 weeks</u>		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <u>Hypertension</u>		DUE TO (b) <u>Hypertension</u>				2.		
		DUE TO (c) <u>Hardening of the arteries -</u>				2.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <u>Millington</u>		(County) <u>Md.</u> (State) <u>Md.</u>
21. I certify that I attended the deceased from <u>Dec. 31</u> , 19 <u>55</u> , to <u>March 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 5</u> , 19 <u>56</u> , and that death occurred at <u>7 A.M.</u> from the causes and on the date stated above.						ADDRESS (Street, city or town, state) <u>Millington, Md.</u> DATE SIGNED <u>3.8.56.</u>		
ACTUAL SIGNATURE <u>Leiza Koralewski</u>		M.D.						
PHYSICIAN'S NAME (Type) <u>Leiza Koralewski</u>								
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>3/10/56</u>		22c. NAME OF CEMETERY OR CREMATORIY <u>NEW BETHEL CEM.</u>		22d. LOCATION (City, town, or county) <u>GOLTS, MD.</u>		(State) <u>MD.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Fellows</u>		ADDRESS <u>Millington, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>3-9</u>		24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 3 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU Y. S.

MAR 20 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3258

CERTIFICATE OF DEATH

03230

Reg. Dist. No.

251

1. PLACE OF DEATH

a. COUNTY

Queen Anne

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RURAL MILLINGTON

c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Md.

b. COUNTY

KENT

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

R. MILLINGTON

d. STREET ADDRESS

14X-2

e. IS RESIDENCE
ON A FARM?
YES NO 3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

5. SEX

6. COLOR OR RACE

7. MARRIED NEVER MARRIED

8. DATE OF BIRTH

9. AGE (In years
lost birthday)

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

M

Colored

WIDOWED DIVORCED

MARCH

6

1956

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

OYSTERMAN

10b. KIND OF BUSINESS OR INDUSTRY

SHUCKER

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-03-385-1-A

17. INFORMANT

MARY POTTS.

Address

MILLINGTON, MD.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

442X

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause last.

(b)

DUE TO

(c)

Stroke

INTERVAL BETWEEN
ONSET AND DEATH

4 days

2 years

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20d. INJURY OCCURRED
White Not while
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)20f. (City or town)
(County) (State)

20c. TIME OF INJURY Month, Day, Year

Hour

a. m.

p. m.

19

21. I certify that I attended the deceased from April 12, 1956, to May 6, 1956, that I last saw the deceased

alive on March 2, 1956, and that death occurred at 5:30 A.M. from the causes and on the date stated above.

ACTUAL
SIGNATURE

H. H. Hamilton

M.D.

ADDRESS (Street, city or town, state)

DATE SIGNED

PHYSICIAN'S
NAME (Type)

H. H. HAMILTON

22a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

22b. DATE THEREOF

MARCH 10, 1956

22c. NAME OF CEMETERY OR CREMATORI

RILEY'S NECK, CEM.

22d. LOCATION (City, town, or county)

PURPLE MILLINGTON

(State)

MD.

23. FUNERAL DIRECTOR'S SIGNATURE

Edward Fellows

ADDRESS

Millington Md.

24a. REC'D BY REGISTRAR

DATE

3-9

24b. REGISTRAR'S SIGNATURE

Edgar L. Lane

СТ. 290 МПК-НДАМК ПО ТЕРРИТОРИИ СТАТИСТИКИ.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3259 CERTIFICATE OF DEATH

03231

251

Reg. Dist. No.

Item 4, FilmG194, 3-22-56 et

1. PLACE OF DEATH

COUNTY Queen Anne

CITY (If outside corporate limits, write RURAL
OR and give nearest town)TOWN **Barclay**

MARYLAND

LENGTH OF STAY
(In this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland

COUNTY Queen Anne

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN**Barclay**STREET
ADDRESS

(If rural give location)

3. NAME OF
DECEASED
(Type or Print)**Annae**

(Middle)

(Last)

4. DATE
OF
DEATH**March 6, 1956**

5. SEX

6. COLOR OR
RACE10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) **Housewife**7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)10b. KIND OF BUSINESS
OR INDUSTRY

8. DATE OF BIRTH

9. AGE last birthday

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT
COUNTRY?**Maryland****USA**

94

yrs.

Months

Days

Hours

Min.

13. FATHER'S NAME

Thomas Legg

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

Rambert Phillips-Barclay, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A)

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

20. AUTOPSY?

YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. PLACE (Home, farm, factory,
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

21b. INJURY OCCURRED

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. HOW DID INJURY OCCUR?

M. at work Not while
at work

22. I hereby certify that I attended the deceased from.....

alive on.....

SIGNATURE

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

Burial

24. REC'D BY REGISTRAR

DATE

3-8

DATE

REGISTRAR'S SIGNATURE

Edgar L. Lane

25. FUNERAL DIRECTOR'S SIGNATURE

Edgar L. Lane

Church Hill, Md.

ADDRESS

DEPARTMENT OF HOMELAND SECURITY - STATE OF MARYLAND

STATEMENT OF DEATH

DEATH CERTIFICATE

BUREAU V. S.

MAR 20 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3260

CERTIFICATE OF DEATH

03232

Reg. Dist. No.

251

1. PLACE OF DEATH

a. COUNTY

Queen Anne

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RURAL MILLINGTON

c. LENGTH OF STAY IN 1b

1b. (If outside corporate limits, write RURAL and give nearest town)

RURAL MILLINGTON

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

RURAL MILLINGTON

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

MD

b. COUNTY

Queen Anne

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RURAL MILLINGTON

d. STREET ADDRESS

RURAL MILLINGTON

e. IS RESIDENCE ON A FARM?

YES NO

3. NAME OF DECEASED (Type or print)

First William

Middle

Last Ratcliff

4. DATE OF DEATH

Month MARCH

Day 22 Year 1956

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED

NEVER MARRIED

8. DATE OF BIRTH

OCT. 10, 1880

9. AGE (In years last birthday) yrs.

75

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. KIND OF BUSINESS OR INDUSTRY

12. BIRTHPLACE (State or foreign country)

13. CITIZEN OF WHAT COUNTRY?

14. FATHER'S NAME

GEORGE RATCLIFF

15. MOTHER'S MAIDEN NAME

JENNIE THORNDIKE

16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

17. SOCIAL SECURITY NO.

17. INFORMANT

17-36-1202 MRS. CORA M. RATCLIFF, MILLINGTON, MD

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

463X Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH
12 hours

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

DUE TO

(b) Ulcers of the legs -

for years

DUE TO

(c) Chronic phlebothrombosis of legs -

for years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY PERFORMED?

YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.

20d. INJURY OCCURRED While Not while at work at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town) (County) (State)

21. I certify that I attended the deceased from March 21, 1956, to March 22, 1956, that I last saw the deceased alive on March 21, 1956, and that death occurred at 6:50 AM, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

PHYSICIAN'S
NAME (Type)

Geza Kowalewski M.D.

M.D.

MILLINGTON, MD

3.23.56

22a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL 3/24/56

22b. DATE THEREOF

CRUMPTON CEM

22c. LOCATION (City, town, or county)

CRUMPTON, MD

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Edmund Hellens, Millington, MD

ADDRESS

24a. REC'D BY REGISTRAR

DATE 3/23

24b. REGISTRAR'S SIGNATURE

Edgar L. Lane

CERTIFICATE OF DEATH

10

DEATH

DEATH CERTIFICATE

BUREAU V. S.

APR 2 1956

SEARCHED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04399

3261

CERTIFICATE OF DEATH

Reg. Dist. No.

253

1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MD.</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>		b. COUNTY <i>Queen Anne</i>			
c. LENGTH OF STAY IN 1b <i>100</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chester</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>James H. Smith</i>		d. STREET ADDRESS <i>Ind.</i>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)	First <i>JAMES</i>	Middle <i>H.</i>	Last <i>SMITH</i>		
4. DATE OF DEATH	Month <i>Mar.</i>	Day <i>29</i>	Year <i>1956</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>COL.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN. 20 - about 82 yrs.</i>		
9. AGE (In years lost birthday) <i>about 82 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Waterman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Ind.</i>	11. BIRTHPLACE (State or foreign country) <i>Ind.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Unknown</i>	14. MOTHER'S MAIDEN NAME <i>Unknown</i>	Address <i>Anna May Smith - Cambridge, Md.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>560-0</i>	17. INFORMANT <i>Anna May Smith</i>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral accident (hemorrhage)</i>		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. <i>Arteriosclerosis general + cerebral</i>		DUE TO (b) <i>arteriosclerosis general + cerebral</i> DUE TO (c) <i>arterial hypertension left inguinal hernia about 15 years.</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Incarcerated left inguinal hernia (operated on March 10, 1956.)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>March 27, 1956.</i>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>at Memorial Hospital</i>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Hour o. m. p. m. <i>19</i>	20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Ind.</i>	20f. (City or town) <i>Stevensville</i>	(County) <i>Stevensville</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from <i>March 27, 1956</i> , to <i>March 29, 1956</i> , that I last saw the deceased alive on <i>March 29, 1956</i> , and that death occurred at <i>9 P. M.</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>Theodor Sattelmaier</i>	ADDRESS (Street, city or town, state) <i>Stevensville</i>		DATE SIGNED <i>March 30, 1956.</i>		
PHYSICIAN'S NAME (Type) <i>Theodor SATTELMAIER</i>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Mar. 31</i>	22b. DATE THEREOF <i>Mar. 31</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Chester Col.</i>	22d. LOCATION (City, town, or county) <i>Chester Ind.</i>	(State) <i>Ind.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar L. Lane - Church Hill, Ind.</i>	ADDRESS <i>Church Hill, Ind.</i>	24a. REC'D BY REGISTRAR <i>April 6-56</i>	24b. REGISTRAR'S SIGNATURE <i>Elizabeth Hopter</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. If pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

APR 9 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3262

CERTIFICATE OF DEATH

Reg. Dist. No.

10323
X53

1. PLACE OF DEATH

o. COUNTY

Queen Anne

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

X Sudlersville

c. LENGTH OF STAY IN 1b

d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION

3 WALRAVEN NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

o. STATE

Ind.

b. COUNTY

Queen Anne

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

d. STREET ADDRESS

Chester

e. IS RESIDENCE

ON A FARM?

YES NO 3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

Month

Day

Year

5. SEX

Fem.

6. COLOR OR RACE

W-h.

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

9. AGE (In years
lost birthday)
about 82 yrs.10. IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Housewife

14. MOTHER'S MAIDEN NAME

Dorothea Reseke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

422.1

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

(b)

DUE TO

(c)

DUE TO

Acute Cardiac Dilatation

Chronic Myocarditis

General Cardiac Sclerosis

INTERVAL BETWEEN
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year

Hour o. p.

p.m.

20d. INJURY OCCURRED

While Not while at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from July 28, 1956, to July 29, 1956, that I last saw the deceasedalive on July 29, 1956, and that death occurred at 410 M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATURE

CITULitecfe

M.D.

Baltimore, Md. 3/31/56

PHYSICIAN'S
NAME (Type)22a. BURIAL, CREMATION,
REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORI

22d. LOCATION (City, town, or county)

(State)

Baltimore, Ind.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

(State)

DATE 3/31

24b. REGISTRAR'S SIGNATURE

Edgar L. Lane

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3263 CERTIFICATE OF DEATH

03234

Reg. Dist. No. 752

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN)	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Maryland Chesterville (If rural give location)
HOSPITAL INSTITUTION OR STREET ADDRESS	STREET ADDRESS		
3. NAME OF DECEASED (Type or Print)	(First) SALLIE L	(Middle)	(Last) VOSHELL
4. DATE OF DEATH	(Month) March	(Day) 30	(Year) 1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	White	Widowed	July 10-1876
9. AGE last birthday	79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)
IF UNDER 1 YEAR Months	Days	12. CITIZEN OF WHAT COUNTRY	Hours
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Robert F. Vane	Sara Jane Harwood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
No	None	Mrs. V. Deppen Chesterville Md	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
490A IMMEDIATE CAUSE (A) Acute Lobar Pneumonia			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/29-1956, to 3/30-1956, that I last saw the deceased alive on 3/30-1956, and that death occurred at 11 P.M. from the causes and on the date stated above. SIGNATURE W. L. Fisher ADDRESS (Street, city, town, state) Chesterville Md DATE SIGNED 4/2-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Funeral		DATE THEREOF April 2-56	NAME OF CEMETERY OR CREMATORIUM Chesterfield
24. REC'D BY REGISTRAR DATE 4/2-56		REGISTRAR'S SIGNATURE Elsie Armstrong	25. FUNERAL DIRECTOR'S SIGNATURE D. Howard Butin
			ADDRESS Chesterville Md

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

survived with
difficulty

22 DECEMBER 1928 1 31162

٩٣ ١٣٨١-٥٢٧٦

Al 22. *الله* *الله* *الله* *الله* *الله* *الله* *الله* *الله*

Investment and risk \rightarrow risk of return

all material specified went out at 115

BUREAU Y. S.

1956 5 187

الحادي عشر ١٩٥٣-١٩٥٤ (العدد الثاني عشر) -
الطبعة الأولى -
الطبعة الثانية -

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3264 CERTIFICATE OF DEATH

03235
254
252

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS (If rural give location)
Queen Anne's Chestertown	MARYLAND Single	Maryland Queen Anne's Chestertown	Queen Anne's Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)	(First) (Middle) (Last)		4. DATE (Month) (Day) (Year)
ROBERT JOSEPH WEAVER			March 21 - 1956
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	White	Single	Dec-28-1879
9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
76 yrs.	Retired	Hospital Orderly	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Charles Joseph Weaver	Mary Etta Councill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.		
No	219-05-6555		
17. INFORMANT & ADDRESS			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.1 IMMEDIATE CAUSE (A) Coronary Occlusion			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) giving rise to the above cause STATING UNDERLYING CAUSE LAST. DUE TO			
Coronary artery sclerosis (C)			
INTERVAL BETWEEN ONSET AND DEATH 10 hours			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
2d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/20., 1956, to 3/21., 1956, that I last saw the deceased alive on 3/21., 1956, and that death occurred at 10:30 A.M. from the causes and on the date stated above. SIGNATURE W. Henry Fisher			
ADDRESS (Street, city, town, state)			
DATE SIGNED 3/23/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Burial	March 24-56	Chestertown	Chestertown Maryland
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE 3/23/56	Elie Armstrong	Edward D. Armstrong	Chestertown
	Helen M. Aldridge	Patricia B. Bix	Chestertown

CERTIFICATE OF OWNERSHIP

Land owned by
John Doe
and Jane Doe

Land owned by
John Doe
and Jane Doe

ROBERT GOODEWELL MEASURER
Date 15-1-1956

Lot 22 225-85-xx State of Texas New

Block 111 All of land described below is heretofore
described as lot 22 in the 225th section of the
111th range of the 85th meridian

All boundaries as per plan filed 10-815 on on

10-815
described as follows
described as follows

8.00 acres 100' x 200' - 15-1-1956

15-1-1956
APR 2 1956

Land described as follows
Land described as follows
Land described as follows
Land described as follows

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03236

251

3265

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne R.F.D.		c. LENGTH OF STAY IN 1b 72 Yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION None		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Queen Anne R.F.D.	
3. NAME OF DECEASED (Type or print) Robert		First Barclay	Middle Wessel
4. DATE OF DEATH 3 12 1956	Month Day Year	d. STREET ADDRESS None	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/2/1883
9. AGE (In years lost birthday) 72 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William H. Wessel		14. MOTHER'S MAIDEN NAME Liza Ann Travis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 217-36-0628	17. INFORMANT Bertha Wessel Queen Anne R.F.D.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 19	20d. INJURY OCCURRED White Not white of work <input type="checkbox"/> of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Mar. 12, 1956, to Mar. 12, 1956, that I last saw the deceased alive on 19, and that death occurred at 1 P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Charles H. Stonesifer, M.D. Greensboro, Maryland 3/13/56			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 3/15/56	22c. NAME OF CEMETERY OR CREMATORIAL Ridgely
22d. LOCATION (City, town, or county) Ridgely, Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulais		ADDRESS Greensboro, Md.	24a. REC'D BY REGISTRAR DATE 3-14
			24b. REGISTRAR'S SIGNATURE Edgar L. Lane

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

9882

BUREAU V. S.

MAR 20 1956

RECEIVED